

STATE OF MARYLAND—CERTIFICATE OF DEATH

04804

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day,
hrs.
or
min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER
(Address)

20. FILED

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Registration Dist. No. 76

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May

30

, 1934

22. I HEREBY CERTIFY That I attended deceased from

May 24, 1934, to May 30, 1934

I last saw her alive on May 30, 1934; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Dropping cough

Date of onset

5-24-34

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04805

1. PLACE OF DEATH

County Carroll

(92-2)

Registration Dist. No. 72Village or City Myers Dist.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Mary Ann Bittle

(a) Residence: No.

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Widowed

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAmos Bittle

6. DATE OF BIRTH (month, day, end-year)

June 13, 1857

7. AGE

Years 76Months 10Days 20If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Retired11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Penna.

FATHER

13. NAME Frederick Palmer14. BIRTHPLACE (city or town)
(State or country)Penna.

MOTHER

15. MAIDEN NAME Lydia Minger16. BIRTHPLACE (city or town)
(State or country)Penna.

17. INFORMANT

Raymond Bittle

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cem. PA

Place

Christ Church

Date

May 6, 1934

19. UNDERTAKER

J. M. Little & Son.

(Address)

20. FILED

May 5th, 1934Calumet, Illinois

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May

3

1934

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 21, 1934, to May 3, 1934

I last saw her alive on April 30, 1934; death is said

to have occurred on the date stated above, at 4:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Bronchitis Pulmonary
hemorrhageMay 21
May 3

Other Contributory Causes of importance:

Arteriosclerosis and
mitral stenosis of heart
Pulmonary congestion

4:30 P.M.

Name of operation

Date of

What test confirmed diagnosis? PhysicalWas there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

— (Signed) E. Lewis Wetzel

M. D.

(Address) Simon Falls, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

RECEIVED

July 5, 1927	Date of onset
	Attack of epilepsy
	Run over by street car

Other contributory causes of importance:	Date of onset
Gallstones	May 1, 1923
	Gastroenteritis

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

	Date of onset
	1 week ago
	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

M B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Maryland Tuberculosis Sanatorium
Colored Branch (29) Registration Dist. No. 74

1. PLACE OF DEATH

County Carroll
Village or City Henryton, Md.

No. (above) St., Ward

Length of residence in city or town where death occurred 0 yrs. 2 mos. 29 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley Collier

(a) Residence: No. Westover, Somerset Co., Md., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katie Collier

6. DATE OF BIRTH (month, day, and year) May 20, 1896

7. AGE

Years	Months	Days	IF LESS than 1 day, / hrs. or min.
37	11	18	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

OCCUPATION

12. BIRTHPLACE (city or town)
(State or country) Westover Maryland

13. NAME Handy Collier

14. BIRTHPLACE (city or town)
(State or country) Westover Maryland

15. MAIDEN NAME Wardies Collier

16. BIRTHPLACE (city or town)
(State or country) Westover Maryland

17. INFORMANT John E. O'Neill, M. D.
(Address) Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place: Sykesville Md. Date: May 11, 1934

19. UNDERTAKER
(Address) Henryton

20. FILED 5/8/34, 19 John O'Neill
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 8, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb., 9, 1934, 19, to May 8, 1934, 19. I last saw him alive on May 8, 1934, 19; death is said to have occurred on the date stated above, at 9:00 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Pulmonary Tuberculosis

Date of onset Feb. 1933

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What last confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19_____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Natura of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ No _____
If so, specify _____

(Signed) _____
(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04807

1. PLACE OF DEATH

Carroll
County

Maryland Tuberculosis Sanatorium,

Henryton, Maryland.

Colored Branch

Registration Dist. No. 74

St.

Ward

Village or City

Length of residence in city or town where death occurred 0 yrs. 6 mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Harvey Curley

(a) Residence: No. 2201 Druid Hill Ave., Baltimore, Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Nonie Curley

6. DATE OF BIRTH (month, day, and year)

Dec., 6, 1898

7. AGE

Years

35

Months

5

Days

11

It LESS than

1 day, / hrs.
or / min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

Unknown

10. Date deceased last worked at
this occupation (month and
year)

UNKNOWN

11. Total time (years)
spent in this
occupation

MOTHER

FATHER

12. BIRTHPLACE (city or town)
(State or country)Carson,
Virginia13. NAME James Curley,
Carson,
Virginia14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Cherry Wynn,
Carson,
Virginia16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT John E. O'Neill, M. D.,
(Address) Henryton, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Peterburg, Va.

Date 3/20, 1944

19. UNDERTAKER

(Address) Robert J. Williams

1515 Mt. Cemetery St.

20. FILED

5/17/34, 19

John E. O'Neill,
Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 17, 1934.

(Month)

(Day)

193
(Year)

22. Oct., 25, 1933 I HEREBY CERTIFY. That I attended deceased from

I last saw h. 1m alive on May 17, 1934, 19; death is said to have occurred on the date stated above, at 12.50 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Pulmonary Tuberculosis

Date of onset

Aug. 1933

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John E. O'Neill* M. D.(Address) *Henryton, Md.*

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	July 5, 1927	
Other contributory causes of importance:		
Gallstones	May 1, 1928	

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04808

1. PLACE OF DEATH

County Carroll
Village or City Medford

942

Registration Dist. No. 76

St., Ward

Length of residence in city or town where death occurred 69 yrs. 2 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Cora M. Danner

(a) Residence: No. _____

(Usual place of abode)

St., Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
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5a. If married, widowed, or divorced
HUSBAND of Elay Danner
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 8 - 1865

7. AGE <u>69</u> Years	Months <u>2</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Jeremiah Smith14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Celia Sillman16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Elizabeth Martin
(Address) Medford Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Stone Chapel Date: May 11, 1934

19. UNDERTAKER H. Bankhardt & Son
(Address) Frealmontre Md20. FILED 3/9, 1934 Glewoodwood
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

5 - 9, 1934 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5 - 5, 1934 to 5 - 9, 1934
I last saw her alive on 5 - 8, 1934, death is said
to have occurred on the date stated above, at 3:15 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Arteriosclerosis Arteriosclerosis Date of onset

Other Contributory Causes of Importance:

Angina Pectoris 5/8/34

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Glewoodwood M. D.(Address) Westmont Ave

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04809

1. PLACE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

County	Carroll			Registration Dist. No.	74
Village or City	Sykesville			Ward	74
Length of residence in city or town where death occurred	1	Yrs.	0	mos.	18
				ds.	
If death occurred in a hospital or institution, give its NAME instead of street and number)					
2. FULL NAME	Susan Dixon			St.	Ward.
(a) Residence: No.					Frederick County Md.
(Usual place of abode)				If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)			
Female	White	Single			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) (Unknown) 1868					
7. AGE	Years 66	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				
	Name				
MOTHER FATHER	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) (Unknown) Maryland				
	13. NAME (Unknown) Susan Dixon				
	14. BIRTHPLACE (city or town) (State or country) (Unknown) Maryland				
	15. MAIDEN NAME (Unknown) Susan Rediviver				
	16. BIRTHPLACE (city or town) (State or country) (Unknown) Maryland				
	17. INFORMANT (Address) Hospital Records Sykesville, Md.				
	18. BURIAL, CREMATION, OR REMOVAL (Address) Springfield Ave. Date May 8, 1934				
	19. UNDERTAKER (Address) Mrs. & Son, Mrs. Sykesville, Md.				
	20. FILED May 7, 1934 Harry Ober				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 7, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from July 25, 1933, to May 7, 1934, last saw her alive on May 6, 1934, death is said to have occurred on the date stated above, at 8:45 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Catarrh Thrombosis 5-6-34

Other Contributory Causes of Importance:

General Arteriosclerosis (Unknown) ?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) _____ M. D.
(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04810

1. PLACE OF DEATH

County

Carroll

820

Registration Dist. No. 80

Village or City

Lewistown

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

John E. Drach

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White Married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

July 15 1863

Years Months Days If LESS than
70 10 1 1 day, hrs.
or min.

7. AGE

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

(Address)

14. BIRTHPLACE (city or town)

(State or country)

15. MATURE NAME

(Address)

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pipe Creek Cemetery Date May 19, 1934

19. UNDERTAKER

(Address)

20. FILED

May 17, 1934 Date Received

Signature Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May
(Month)16
(Day), 1934
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Feb. 19, 1933, to May 16, 1934

I last saw him alive on May 16, 1934; death is said

to have occurred on the date stated above, at 8:30 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

arterio-sclerosis

Date of onset

1930

Other Contributory Causes of importance:

arterio

Cerebral Hemorrhage

May 16, 1934

Name of operation.

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jas. J. March M. D.

(Address) New Windsor Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OR DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04811

1. PLACE OF DEATH

County Carroll

Village or City Sykesville, Md.

Length of residence in city or town where death occurred

2 yrs.

10 mos.

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

Registration Dist. No.

74

No. SPRINGFIELD STATE HOSPITAL Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME DAVID GARDNER

(a) Residence: No. 5912 Bellona Ave.,
(Usual place of abode)

St. Ward. Baltimore, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 19, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	69	2	14	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	Clerk and general laborer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Steamship & R.R.Cos.
10. Date deceased last worked at this occupation (month and year)	Sept. 1932
11. Total time (years) spent in this occupation	50

12. BIRTHPLACE (city or town) New York
(State or country)

N. Y.

13. NAME George Gardner

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Olivia Bean

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT S. S. Hospital Records,
(Address) Sykesville, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date May 8, 193419. UNDERTAKER George W. Girkler
(Address) 1777 E. Lager St.20. FILED May 4, 1934 Harry Baer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 4, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from February 23, 1934 to May 4, 1934.

I last saw him alive on May 4, 1934; death is said to have occurred on the date stated above, at 10:05 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Mitral Stenosis and
General Arteriosclerosis ?

Other Contributory Causes of Importance:

Acute Cardiac Dilatation

Data of onset

?

5-3-34

Name of operation Clinical Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry F. Baer, M. D.
(Address) Sykesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

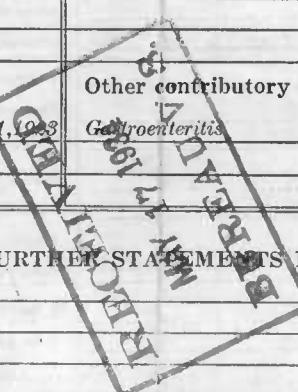
The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND—CERTIFICATE OF DEATH

04812

1. PLACE OF DEATH

County

Village or City

Carol

Length of residence in city or town where death occurred

yrs.

No.

Registration Dist. No. 75

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Scrubbs, Md 170 #1

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

(Usual place of abode)

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE of

John J. Haines

6. DATE OF BIRTH (month, day, and year)

Aug. 18. 1884

7. AGE

Years 49 Months 9 Days 26

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Md

MOTHER FATHER

13. NAME

Wm. Faules

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MAIDEN NAME

Rebecca Haines

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT
(Address)John J. Haines
Scrubbs, Md 170

18. BURIAL, CREMATION OR REMOVAL

Place St. Peter's
Scrubbs, Md Date 5/15 193419. UNDERTAKER
(Address)John J. Haines
Scrubbs, Md

20. FILED

May 13 1934 Mrs. H. P. S. Denner

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 12

(Month)

(Day)

1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 30, 1934, to May 12, 1934

I last saw her alive on May 11, 1934; death is said
to have occurred on the date stated above, at 5:10 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Scirrhous Cancer
of Breast

Date of onset

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Appearance Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William D. Danner M. D.
(Address) Spring Grove, Pa.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Maryland Tuberculosis Sanatorium

04813

1. PLACE OF DEATH

County Carroll

Village or City Henryton, Md.

Colored Branch (23)

Registration Dist. No. 74

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 4 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Heavens

(a) Residence: No. Wilhelm, Anne Arundel Co., St., Md. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) Oct., 7, 1908

7. AGE	Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
	25	7	5	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town)
(State or country) Linthicum Heights Maryland

13. NAME Dennis Fisher

14. BIRTHPLACE (city or town)
(State or country) Unknown Maryland

15. MAIDEN NAME Maggie Hanson

16. BIRTHPLACE (city or town)
(State or country) Unknown Maryland17. INFORMANT John E. O'Neill, M. D.
(Address) Henryton, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date May 16, 193419. UNDERTAKER A. Jones
(Address) 111 S. Gilman St.

20. FILED 5/12/34, 19 Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 12, 1934

(Month)

(Day)

193
(Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan., 12, 1934, 19 to May 12, 1934, 19

I last saw her alive on May 12, 1934, 19; death is said to have occurred on the date stated above, at 7:00 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Oct.
1933

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*John E. O'Neill, M. D.
Henryton, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
	JUN 4 1928
	RECEIVED

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 04814

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Carroll*Village or City *Sykesville*Length of residence in city or town where death occurred *20 yrs. 2 mos.*

108

Registration Dist. No. *71*No. *Springfield State Hospital* St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If death occurred in a foreign country, give its NAME instead of street and number)

yrs. mos. ds.

2. FULL NAME *Jesse Huhn*(a) Residence: No. *Baltimore Md.*

(Usual place of abode)

St., Ward. *Baltimore Md.*

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *White*5. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Singl*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *February 24th 1888.*7. AGE *46* Years *2* Months *11* Days If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. *None.*

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*13. NAME *Edward C. Huhn*14. BIRTHPLACE (city or town) *Washington*
(State or country) *North Carolina*15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) *Lancaster*
(State or country) *Pennsylvania*17. INFORMANT *Springfield State Hospital (Records)*
(Address) *Sykesville Md.*18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Park Date *May 7, 1934*19. UNDERTAKER *Peer & Son Inc.*
(Address) *Sykesville Md.*20. FILED *May 5, 1934* *John H. Morris*
(Address) *S. A. H. Morris* *Sykesville Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *May 5th*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 26th 1915 to *May 5th 1934*I last saw him alive on *May 4th 1934*; death is said to have occurred on the date stated above, at *12:50 A.m.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Pneumonia (lobar)*Date of onset
May 3rd 1934

Other Contributory Causes of Importance:

Cardiovascular Disease —
Chronic Myocarditis and Chronic Nephritis
*with Hypertension*Prior to
*August 1928*Name of operation *None* Date of
Clinical signs and laboratory findings
What test confirmed diagnosis?Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *John H. Morris*
(Signature) *John H. Morris*
(Address) *S. A. H. Morris* *Sykesville Md.*

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04815

1. PLACE OF DEATH

County

Carroll
Silver Run

(13)

Registration Dist. No.

72

Village or City

Length of residence in city or town where death occurred

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
St., Ward

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (initial the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug 10 1862

7. AGE

71

Years

9

Months

3

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Housewife

12. BIRTHPLACE (city or town)
(State or country)

Silver Run, Ind.

13. NAME

Jeremiah Morelock

14. BIRTHPLACE (city or town)

Silver Run

15. MAIDEN NAME

Matilda Schmid

16. BIRTHPLACE (city or town)

Silver Run, Maryland

(State or country)

17. INFORMANT

Mrs. Myrtle M. Little

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Silver Run Date: May 15, 1934

19. UNDERTAKER

J. H. Little & Son

(Address)

20. FILED

May 14, 1934 Calvert Bankert

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 13, 1934

22. I HEREBY CERTIFY. That I attended deceased from

June 10, 1932, to May 13, 1934

I last saw her alive on May 12, 1934, death is said

to have occurred on the date stated above, at 12 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Arteriosclerosis
Leber's Chorioretinitis
(Neuropathy) Tremor
1925
1924
July 18, 1934

Other Contributory Causes of importance:

Not general paralysis of the insane, etc.
General Paralysis (senile). 1933

Wernicke's Encephalitis

Name of operation: None Date of

What test confirmed diagnosis: Physical Laboratory No.

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Little, M. D.

(Address) 1100 N. Charles Street, Baltimore, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	JUN 2 1921	1921
Cerebral hemorrhage	RECEIVED	July 5, 1927
Other contributory causes of importance:		
Gallstones	RECEIVED	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Other contributory causes of importance:		
Gastroenteritis		3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04816

1. PLACE OF DEATH

County Carroll

Registration Dist. No. 76

Village or City near Westminster,

St. Ward

Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME David Lynch,

(a) Residence: No. near Westminster, Md.

St. Ward

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

~~for wife~~

Ella Lynch,

6. DATE OF BIRTH (month, day, and year) 1891-1-5

7. AGE Years 43 Months 4 Days 1 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hendersonville, (State or country) N.C.

13. NAME Bynam Lynch,

14. BIRTHPLACE (city or town) Unknown (State or country) II

15. MATURE NAME Unknown

16. BIRTHPLACE (city or town) II (State or country) II

17. INFORMANT Ella Lynch, (Address) R.F.D. #5, Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Western Chapel Cen'ty Date May 9th, 1934

19. UNDERTAKER

(Address)

L. M. Haltz
Springfield, Md.

20. FILED

(Date)

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04817

1. PLACE OF DEATH

County CarrollVillage or City HampsteadLength of residence in city or town where death occurred 7 yrs.

No.

Registration Dist. No. 77St. Ward(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. — ds. How long in U. S. if of foreign birth? — mos. — ds.2. FULL NAME Thomas Watson Martin(a) Residence: No. —St. — Ward. —

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF Laura J. Martin

6. DATE OF BIRTH (month, day, and year) June 23-1861

7. AGE Years <u>72</u>	Months <u>11</u>	Days <u>7</u>	If LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Ret. Farmer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Agriculture.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (city or town) Buckleysville
(State or country) Maryland

13. NAME Laura J. Martin

14. BIRTHPLACE (city or town) Buckleysville
(State or country) Maryland

15. MAIDEN NAME Mary J. Tracey

16. BIRTHPLACE (city or town) Maryland
(State or country) Maryland

17. INFORMANT Mrs. Laura J. Martin
(Address) 7 Hampstead Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Md. Date June 7, 1934

19. UNDERTAKER Edgar L. Pistor
(Address) 7 Hampstead Md.

20. FILED June 1, 1934 John S. Hughes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

5 (Month) 30 (Day) 1934 (Year)

22. I HEREBY CERTIFY. That I attended deceased from Nov. 23, 1934 to May 30, 1934
I last saw him alive on May 30, 1934; death is said
to have occurred on the date stated above, at 11 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Carcinoma of Kidney 3-25-34

Date of onset

Other Contributory Causes of importance:

Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Data of injury — Date of — 19Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —(Signed) Edgar M. Brooks M. D.(Address) 7 Hampstead Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Carroll
Village or City Miller's

Length of residence in city or town where death occurred yrs.

No. 159 Registration Dist. No. 75 St. 04818 Ward2. FULL NAME "Baby" Martin

(a) Residence: No.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (write the word)
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5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

5/21/34

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or <u>15</u> min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>None</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u>None</u>
10. Date deceased last worked at this occupation (month and year)	<u></u>
11. Total time (years) spent in this occupation	<u></u>

12. BIRTHPLACE (city or town)
(State or country) Miller's Md.13. NAME Harry Elvyn Martin
14. BIRTHPLACE (city or town)
(State or country) Betheltonville15. MARION NAME Eva Elizabeth Miller
16. BIRTHPLACE (city or town)
(State or country) Miller's Maryland17. INFORMANT Harry E. Martin
(Address) Miller's Md.18. BURIAL, CREMATION, OR REMOVAL
Place Miller's Md. Date May 22, 193419. UNDERTAKER Jacob Winkler Sons
(Address) Manchester Md.20. FILED May 22, 1934 M. D. W. P. S. Denner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

5/21/1934
(Month) 5 (Day) 21 (Year) 193422. I HEREBY CERTIFY, That I attended deceased from May 21, 1934 to May 21, 1934. I last saw her alive on May 21, 1934; death is said to have occurred on the date stated above, at 8:30 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Pneumonia.

Date of onset

Other Contributory Causes of importance:

Malnutrition.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Edgar M. Brash M. D.
(Address) 7 Hanover St. Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance: V. S.

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04819

1. PLACE OF DEATH

County Carroll STATE CORPORATE LIMITS OF
Registration Dist. No. 76
Village or City Westminster St., Ward

Length of residence in city or town where death occurred 7 yrs. 7 mos. 7 ds. How long in U. S. if of foreign birth? 7 yrs. 7 mos. 7 ds.

2. FULL NAME Clara Belle Matthews(a) Residence: No. 49 Union

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Blacks</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (write the word)
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5a. If married, widowed, or divorced
HUSBAND of Robert Matthews
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 22 - 1881

7. AGE <u>52</u> Years	Months <u>10</u>	Days <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	------------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Harford Co. Md.13. NAME James Upton Morgan14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Harmette Henith16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Emory Frisby
(Address) Westminster Md.18. BURIAL, CREMATION, OR REMOVAL
Place: St. Olsworth Bem. Date: May 22, 193419. UNDERTAKER H. Daubend
(Address) Westminster Md.20. FILED 5/21/34 34 Green

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 20 193422. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to May 20, 1934.I last saw her alive on May 18, 1934; death is said to have occurred on the date stated above, May 30, 1934.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Rheumatic Fever May 15
Several previous attacks

Other Contributory Causes of importance:

Endocarditis (Carditis) May 5, 1934
Concurrent heart
damaged after attack

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) C. Bellingsale M. D.
(Address) Westminster Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

RECEIVED	Date of onset
JUN 1 1924	July 5, 1927
BUREAU OF	

Other contributory causes of importance:	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04820

1. PLACE OF DEATH

County

Mo. sali

Registration Dist. No.

74

Village or City

Bucksdale Hospital

No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

1

1

1

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Calvin McClain

(a) Residence: No. 1029 W. 37th Baltimore St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White.

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married.

5a. If married, widowed or divorced

HUSBAND OF
(or) WIFE OF

Esther Gibson.

6. DATE OF BIRTH (month, day, and year)

Feb. 4, 1904.

7. AGE

Years

30.

Months

3.

Days

8.

If LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

6. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.7. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.8. Date deceased last worked at
this occupation (month and
year)

May, 1934

11. Total time (years)
spent in this
occupation

14 yrs.

12. BIRTHPLACE (city or town)

(State or country)

Maryland.

MOTHER FATHER

13. NAME

Vincent J. McClain,

14. BIRTHPLACE (city or town)

(State or country)

Pennsylvania.

15. MAIDEN NAME

Esther Kexel,

16. BIRTHPLACE (city or town)

(State or country)

Maryland.

17. INFORMANT

Springfield State Hosp. Records.

(Address)

Sykesville Maryland

18. BURIAL, CREMATION, OR REMOVAL

Burial

(Place)

Date May 14, 1934

19. UNDERTAKER

Walter Davis

(Address)

Baltimore Md.

20. FILED

May 14, 1934 Harry Lee

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May

12

193

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19.

to

19.

I last saw h _____ alive on _____, 19. _____; death is said
to have occurred on the date stated above, at _____ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Chronic Myocarditis

Date of onset

Other Contributory Causes of Importance:

Cerebral Oedema.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George E. Johnson Coroner L.M. D.
(Address) Westminster Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04821

1. PLACE OF DEATH

County

Carroll

B-2

Registration Dist. No.

76

St.

Ward

Village or City

Gamber

Length of residence in city or town where death occurred

89 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Thomas J. Miller

St.

Ward.

(a) Residence: No.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male White Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Harriet Miller

6. DATE OF BIRTH (month, day, and year)

Nov. 8, 1844

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Farmer (retired)

Date of onset

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Maryland
Not known

MOTHER

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place19. UNDERTAKER
(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May

(Month)

9

(Day)

1934

22. I HEREBY CERTIFY. That I attended deceased from

5-2, 1934, to 5-5, 1934

I last saw him alive on 5-6, 1934, death is said

to have occurred on the date stated above, at 6 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Arteriosclerosis (cerebral)

Other Contributory Causes of importance:

Cerebral Hemorrhage 5/2/34

Name of operation

What test confirmed diagnosis?

Cerebral

Date of

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Disease or injury

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	1921	1921

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04823

1. PLACE OF DEATH

County Carroll.

Registration Dist. No. 74

Village or City Springfield State Hospital, Md. Sykesville, St. Ward

Length of residence in city or town where death occurred 0 yrs. 1 mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Mooney.

(a) Residence: Nd. 1507 Clifton Ave., Baltimore, Md. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female.	4. COLOR OR RACE White.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

James Mooney.

6. DATE OF BIRTH (month, day, end year) July 12, 1864.

7. AGE Years 69.	Months 10.	Days 18.	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1932, 1932.

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME James Serton.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Margaret Hopkins.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFIRMARY Springfield State Hosp. Records

(Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date May 2, 1934

19. UNDERTAKER Margaret Flynn

(Address) 2107 N. St. Peter St.

20. FILED May 30, 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 30, 1934. (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from April 25, 1934, to May 30, 1934.

I last saw her alive on May 30, 1934; death is said to have occurred on the date stated above, at 5:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General Arteriosclerosis.

Date of onset 2 yrs.

Other Contributory Causes of importance:

Acute Cardiac Dilatation.

5/30/34.

Name of operation Symptoms Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) John L. Wethered M. D.

(Address) Sykesville, Maryland.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	JUN 4 1934
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JULY 1 1934

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

1 week ago

3 days ago

Run over by street car

Peritonitis

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04822

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County CarrollVillage or City HyperionLength of residence in city or town where death occurred 27 yrs.mos. 25 ds. How long in U. S. if of foreign birth? 0 yrs. mos. 0 ds.Registration Dist. No. 742. FULL NAME Alma Mullieix

(a) Residence: No.

(Usual place of abode)

St.

Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
----------------------	-------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jesse Mullieix

6. DATE OF BIRTH (month, day, and year) <u>January 1 1874</u>	7. AGE Years <u>60</u>	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
---	------------------------	--------	------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>—</u>
10. Date deceased last worked at this occupation (month and year) <u>—</u>	11. Total time (years) spent in this occupation <u>—</u>

12. BIRTHPLACE (city or town) Montgomery Co
(State or country) Maryland13. NAME E. J. LaRosa14. BIRTHPLACE (city or town) Montgomery
(State or country) Maryland15. MAIDEN NAME Mary Baker16. BIRTHPLACE (city or town) Montgomery
(State or country) Maryland17. INFORMANT Hospital Record
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Date May 29, 193419. UNDERTAKER A. M. Drayton
(Address) 414 E. 10th20. FILED May 29, 1934 Harry A. New
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 29

(Month)

1934

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from January 1, 1934 to May 29, 1934, I last saw her alive on May 26, 1934, death is said to have occurred on the date stated above, at 7454. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Endocarditis 1937

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Handy M. Rose M. D.
(Address) Hyperion Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1 MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Carroll

Village or City near Gist, -R. F. D. - Sykesville

Registration Dist. No. 83

St., Ward

Length of residence in city or town where death occurred 33 yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Myerly.

(a) Residence: No. near Gist, Md.

St. Ward.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE of

Samuel A. Myerly,

6. DATE OF BIRTH (month, day, and year) 1866-10-5

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	5	1 day, 0 hrs. or 0 min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewife
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
	10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co.
(State or country) Maryland.

13. NAME Wesley Whalen.

14. BIRTHPLACE (city or town) Unknown
(State or country) "

15. MAIDEN NAME Louisa Haines,

16. BIRTHPLACE (city or town) Unknown
(State or country) "17. INFORMANT Samuel A. Myerly,
(Address) R. F. D. - Sykesville, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Providence Cemetery Date May, 13th, 193419. UNDERTAKER 6 M. Malt
(Address) Thirfield, Md.20. FILED May 12, 1934
Ella M. Hewitt
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May, -- 10 --, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 1st, 1934, to May 10, 1934. Last saw her alive on May 10, 1934. Death is said to have occurred on the date stated above, 10:00 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic interstitial nephritis

Date of onset
1931
May 15

Other Contributory Causes of importance:

Acute cardiac dilatation

May 9
1964

Name of operation Date of

What last confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas R. Foutz
(Address) 110 W. Pratt Street, Baltimore, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04825

1. PLACE OF DEATH

County

Carroll

Village or City

Lykensville

Length of residence in city or town where death occurred

8 yrs. 1 mos. 26 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Oscar O'Hara

(a) Residence: No.

(Usual place of abode)

St. _____

Ward. _____

Adamstown, Carroll.
If nonresident give city or town and State

Registration Dist. No.

74

No Springfield State Hospital St.

Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

March 14, 1912

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

22

1

18

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

none

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Frederick County, Md.

MOTHER FATHER

13. NAME

Wadsworth O'Hara

14. BIRTHPLACE (city or town)
(State or country)

Frederick County, Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

Frederick County, Md.

17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____19. UNDERTAKER
(Address)20. FILED
May 2, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 2, 1934

22. I HEREBY CERTIFY. That I attended deceased from
January 1, 1934, to May 2, 1934.I last saw him alive on May 2, 1934; death is said
to have occurred on the date stated above, at 11:00 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Epilepsy since 1913
Status epilepticus 4/20/34

Other Contributory Causes of importance:

Pulmonary edema 5/2/34

Name of operation none Date of _____

What test confirmed diagnosis? Clinical records Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John L. Wethered M. D.

(Address) 515 Chapel Street, Ellicott City, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04826

1. PLACE OF DEATH

County CarrollVillage or City PykesvilleLength of residence in city or town where death occurred 9 yrs, 11 mos. 29 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

23

Registration Dist. No.

74

No. Springfield State Hospital

St., Ward

2. FULL NAME Milton C. Osterling

(a) Residence: No.

Baltimore Md.

St.,

Ward.

Baltimore, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Unknown Unknown 1896

7. AGE

Years 38Months UnknownDays UnknownIf LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

Trada, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Book binder.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

10.

Date deceased last worked at Unknown
this occupation (month and
year) 192411. Total time (years)
spent in this
occupation 9 years

12. BIRTHPLACE (city or town)

(State or country) Baltimore
Md.

13. MOTHER

NAME Unknown

14. FATHER

BIRTHPLACE (city or town) Unknown
(State or country) Unknown

15. MOTHER

NAME Unknown

16. FATHER

BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT

Springfield State Hospital (Records)
(Address) Pykesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 28, 1934

19. UNDERTAKER

Geo. J. Riley Jr.
(Address) Baltimore Md.

20. FILED

May 25 1934 Chas. H. Morris

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May
(Month)25th
(Day)1934
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 26th 1924 to May 25th, 1934I last saw him alive on May 24th, 1934; death is said
to have occurred on the date stated above, at 540A m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pulmonary TuberculosisDate of onset
Reported
February
23rd 1934

Other Contributory Causes of importance:

Name of operation None
Physical signs and X-Ray findings Physical signs and X-Ray findings
What test confirmed diagnosis? None
Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John H. Morris
(Address) 122 N. Pykesville Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04827

1. PLACE OF DEATH

County Carroll

Maryland Tuberculosis Sanatorium

Colored Branch 23

Registration Dist. No. 74

Village or City Henryton, Maryland.

No.

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 1 mos. 6 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Victoria Pierce

(a) Residence: No. Rock Hall, Kent Co., Md. St. Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
---------------	--------------------------	---

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lester Williams

6. DATE OF BIRTH (month, day, and year) Feb., 16, 1913

7. AGE Years 21	Months 3	Days 10	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housework

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Rock Hall, Maryland.

13. NAME Wayman Pierce

14. BIRTHPLACE (city or town) (State or country) Georgetown Maryland.

15. MAIDEN NAME Helena Pierce

16. BIRTHPLACE (city or town) (State or country) Georgetown Maryland.

17. INFIRMANT John E. O'Neill, M. D., (Address) Henryton, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Georgetown Date May 30, 1934

19. UNDERTAKER W. H. Good (Address) Church Hill, Md.

20. FILED 5/26/34, 1934

Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 26, 1934.

(Month)

(Day)

193 (Year)

22. I HEREBY CERTIFY. That I attended deceased from April 20, 1934 to May 26, 1934.

I last saw her alive on May 26, 1934, at 12:30 P.M.; death is said to have occurred on the date stated above, at 12:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Oct

1933

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	JUN 4 1928	1921

Other contributory causes of importance:	
Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 04828

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Carroll* 107-a
Village or City *Hempstead*

Length of residence in city or town where death occurred

yrs. 10

mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nellie N. Poole

(a) Residence: No.

(Usual place of abode)

St. Ward.

Registration Dist. No. 77

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
<i>Female</i>	<i>white</i>	<i>Single</i>

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than
			10	11

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME	<i>Raymond E Poole</i>
----------	------------------------

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME	<i>Esther A. Klinefelter</i>
-----------------	------------------------------

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT	<i>Raymond E Poole</i>
---------------	------------------------

(Address)

18. BURIAL, CREMATION, OR REMOVAL	<i>Hempstead 2nd</i>
-----------------------------------	----------------------

Place	<i>Hempstead</i>
-------	------------------

19. UNDERTAKER	<i>Edw. L. Pipton</i>
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(Address)	<i>Hempstead 2nd</i>
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20. FILED	<i>May 16, 1934</i>
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Mildred S. Hughes

deputy

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

5-16, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

May 8 to 1934 to *May 16 to 1934*
I last saw her alive on *May 16 to 1934*; death is said to have occurred on the date stated above, at *7:30 a.m.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchial Pneumonia Date of onset *5/9/34*
Primary. Did not follow an operation or any other disease.
July 8.

Other Contributory Causes of Importance:

Name of operation *None*

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edw. L. Pipton* M. D.
(Address) *Hempstead 2nd*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04829

1. PLACE OF DEATH

County

Carroll

Village or City

Janeytown

Length of residence in city or town where death occurred

yrs.

No.

Registration Dist. No.

70

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	widower

5a. If married, widowed, or divorced
HUSBAND or
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	11 LESS than
	91	6	18	1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

OCCUPATION	Retired
	Farmer

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Md	5/6
Mother FATHER	James Rant

13. NAME

Mother FATHER	James Rant
14. BIRTHPLACE (city or town) (State or country)	England

Mother FATHER	James Rant
15. MAIDEN NAME	Elizabeth Anay

Mother FATHER	James Rant
16. BIRTHPLACE (city or town) (State or country)	Md

Mother FATHER	Mrs. Grace Burkholder
17. INFORMANT	Janeytown Md.

Mother FATHER	Mrs. Grace Burkholder
18. BURIAL, CREMATION, OR REMOVAL	Janeytown Md.

Mother FATHER	Mrs. Grace Burkholder
Place	May 12, 1934

Mother FATHER	Mrs. Grace Burkholder
19. UNDERTAKER	Janeytown Md.

Mother FATHER	Mrs. Grace Burkholder
Address	Janeytown Md.

Mother FATHER	Mrs. Grace Burkholder
20. FILED	May 11, 1934

Mother FATHER	Mrs. Grace Burkholder
Address	Ethel M. Meising Local

Mother FATHER	Mrs. Grace Burkholder
Registrat.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

5 (Month) 9 (Day), 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5-6, 1934 to 5-9, 1934; I last saw him alive on 5-6, 1934; death is said to have occurred on the date stated above, at 5 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio Sclerosis

Date of onset

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis no Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. H. Legg M. D.
(Address) Union Bridge, Md.

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

RECEIVED

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04830

1. PLACE OF DEATH

County

Carroll

Village or City

Westminster

Length of residence in city or town where death occurred

29

yrs.

No.

Registration Dist. No.

76

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth? yrs.

mos.

ds.

2. FULL NAME

Margaret Alice Pavilla Routzohu

(a) Residence: No.

Manchester Ave

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND OR
(or) WIFE OF

John William Routzohu

6. DATE OF BIRTH (month, day, and year)

Oct. 24 - 1860

7. AGE

73

Years

6

Months

Days

27

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Data deceased last worked at
this occupation (month and
year)

1932

11. Total time (years)
spent in this
occupation

50

12. BIRTHPLACE (city or town)
(State or country)Frederick Co —
Maryland.

FATHER

13. NAME

Emanuel Groves

14. BIRTHPLACE (city or town)
(State or country)Frederick Co.
Maryland.

MOTHER

15. MAIDEN NAME

Mary Collier

16. BIRTHPLACE (city or town)
(State or country)Frederick Co.
Maryland.

INFORMANT

Perry J. Worthy

(Address)

Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Burial

May 7, 1934

19. UNDERTAKER

M. J. Greager & Son

(Address)

Thompson Rd.

20. FILED

5/15 - 1934

Elkwood

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May

15

1934

22. I HEREBY CERTIFY, That I attended deceased from
May 2, 1933, to May 15, 1934
I last saw her alive on May 15, 1934; death is said
to have occurred on the date stated above, at 11 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Carcinoma of uterus.

May 33.

Other Contributory Causes of Importance:

Name of operation Hysterectomy Date of Sept 30, 1933

What last confirmed diagnosis? H. Exam. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Sister Ban

(Signed) M. D.

(Address) 1050 Westminster, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04831

1. PLACE OF DEATH

County *Carroll*Village or City *Sykesburg*Length of residence in city or town where death occurred *30* yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

77

Registration Dist. No.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
<i>Female</i>	<i>white</i>	<i>Widow</i>

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Daniel Sellers*6. DATE OF BIRTH (month, day, and year) *Sept 26-1845*

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<i>88</i>	<i>7</i>	<i>8</i>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<i>None</i>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<i></i>
10. Date deceased last worked at this occupation (month and year)	<i></i>
11. Total time (years) spent in this occupation	<i></i>

12. BIRTHPLACE (city or town)
(State or country) *Maryland*13. NAME *Richard Stager*14. BIRTHPLACE (city or town)
(State or country) *Maryland*15. MAIDEN NAME *Mary A. Annaest*16. BIRTHPLACE (city or town)
(State or country) *Maryland*17. INFORMANT *Jacob Sykes*
(Address) *Sykesburg Md*18. BURIAL, CREMATION, OR REMOVAL
Place *Mt. Pleasant* Date *May 6, 1934*19. UNDERTAKER *Edward C. Wilson*
(Address) *Stumpstead Md*20. FILED *May 4, 1934* *John H. Hughes, Jr.*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

5	4	1934
(Month)	(Day)	(Year)

22. I HEREBY CERTIFY, That I attended deceased from *April 27 to May 4, 1934*, to *May 4, 1934*I last saw her alive on *May 5, 1934*; death is said to have occurred on the date stated above, at *5:00 a.m.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage *4/28/34* Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *D. W. Kersh* M. D.(Address) *Hampstead Md*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04832

1. PLACE OF DEATH

County CarrollVillage or City Sykesville

Length of residence in city or town where death occurred

5 yrs 10 mos 0 ds. How long in U. S. if of foreign birth? 0 yrs 0 mos 0 ds.

2. FULL NAME Daisy Slick

(a) Residence: No.

(Usual place of abode)

St.

Ward.

Waynesboro Penna

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

female white

widow

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMukusam Slick

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
59 2 16 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)13. NAME George W. King14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Mary Mitedell16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Md Date May 12, 193419. UNDERTAKER Scott & Minnick & Son
(Address)20. FILED May 9, 1934 Harry Steer

(126)

Registration Dist. No.

74

No. Springfield State Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 9

(Month) (Day)

, 193 (Year)

22. I HEREBY CERTIFY. That I attended deceased from July 19, 1928 to May 9, 1934. I last saw him alive on May 9, 1934; death is said to have occurred on the date stated above, at 1:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Dementia PraecoxDate of onset
1925

Other Contributory Causes of importance:

Cholecystitis and
Cholelithiasis

2-21-34

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George W. King M. D.
(Address) Sykesville Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

There was bilateral frontal lobe atrophy, general emaciation with atrophic contractures of the flexors of the lower extremities and numerous decubitus ulcers.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Carroll
near Hagerstown

Village or City

Registration Dist. No.

76

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 5, 1934

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md

MOTHER

FATHER

13. NAME

Harry Lambert

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME

Carrie E. Black

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

(Address)

Carrie E. Black Smith

18. BURIAL, CREMATION, OR REMOVAL

Place: on premises Date: May 6, 1934

19. UNDERTAKER

(Address)

John Greenholt
Washington Md

20. FILED

(Address)

May 6, 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 5
(Month) (Day)

193

34
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 5, 1934, to May 5, 1934
Last seen alive at 6:40 A.M. on May 5, 1934; death is said

to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pneumonia
/ 5 min

Other Contributory Causes of Importance:

Maternal Pneumonia
Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Wallace A. Martin, M. D.
(Address) 1000 Broadway, Baltimore, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04834

1. PLACE OF DEATH

County CarrollVillage or City Sykesville

Registration Dist. No.

74

No. Springfield State Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. 13 mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Annie S. Stoner(a) Residence: No. 316 Elizabeth St., Hagerstown, Md.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofCharles O. Stoner6. DATE OF BIRTH (month, day, and year) Jan. 1885

7. AGE <u>49</u>	Years <u>4</u>	Months <u> </u>	Days <u> </u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Unk.11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town)
(State or country) Pennsylvania13. NAME Lupe Flickinger14. BIRTHPLACE (city or town)
(State or country) Unknown Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town)
(State or country) Unknown Germany17. INFORMANT Hosp. Records
(Address) S. S. Hospital, Sykesville

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md. Date May 17, 193419. UNDERTAKER C. W. Suter & Sons
(Address) Hagerstown, Md.20. FILED May 16, 1934 A. Harry Steer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May

(Month)

16th

(Day)

1934

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1934 to May 15, 1934I last saw her alive on May 15, 1934; death is said to have occurred on the date stated above, at 4:50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhageDate of death
5/14/34

Other Contributory Causes of importance:

Chronic valvular heart
disease

Unk.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
Md.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John L. Wethered
(Address) S. S. Hospital, Sykesville, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	JUN 4 1923	1921
		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04835

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Carroll

Village or City

near Taylorsville

93-2

Registration Dist. No.

78

St.

Ward

Length of residence in city or town where death occurred

5 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Martha Anna Wilhide

(a) Residence: No. near Taylorsville, Md.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female White divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Geo. Buckingham

divorced

6. DATE OF BIRTH (month, day, and year)

Mar. 10-1868

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

66

1

20

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Housekeeper

Ann Lane

March 3 35

12. BIRTHPLACE (city or town)
(State or country)

Md. Berlin

MOTHER FATHER

13. NAME

Lydia Eyer

14. BIRTHPLACE (city or town)
(State or country)

Md. Baltimore

15. MAIDEN NAME

Cecilia Harbaugh

16. BIRTHPLACE (city or town)
(State or country)

Md. Baltimore

17. INFORMANT
(Address)

Ernest Wilhide

Frederick Md

18. BURIAL, CREMATION, OR REMOVAL

Place

The Mount

Date June 2, 1934

19. UNDERTAKER
(Address)

M. L. Greager & Son

The Mount, Md

20. FILED

5-31-1934

E. M. Farmer

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May
(Month)30
(Day)1934
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Apr. 2, 1934, to May 20, 1934

I last saw her alive on May 20, 1934; death is said to have occurred on the date stated above, at 1-15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis
Date of onset
1914

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. W. P. Peale M. D.

(Address) Libertytown Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04836

1. PLACE OF DEATH

County Carroll
Village or City near Taneytown

(13)

Registration Dist. No. 70St. Ward

Length of residence in city or town where death occurred

No.
(If death occurred in a hospital or institution, give its NAME instead of street and number)mos. yrs. How long in U.S. If of foreign birth? yrs. mos. ds.2. FULL NAME Mrs. Catherine Virginia Winemiller(a) Residence: No.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX g 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) widow5a. If married, widowed, or divorced
HUSBAND Charles W. Winemiller
(or) WIFE6. DATE OF BIRTH (month, day, and year) Dec. 14, 18457. AGE 88 Years 4 Months 22 Days If LESS than
1 day, or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Md.13. NAME Abraham Snell
14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Jannie Carroll
16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Geo. H. Winemiller
(Address) Keymar, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Middlebury, Md. Date May 8, 193419. UNDERTAKER Geo. Cross Son
(Address) Taneytown, Md.20. FILED May 7, 1934 Mary E. B. W.
Registrar Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 6, 1934

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to May 6, 1934I last saw him alive on May 6, 1934, death is said to have occurred on the date stated above, at 11.30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteritis

Date of onset

3da

Other Contributory Causes of importance:

Hypertension Caduc 15 yrs
Angular renal disease
Arteritis Sclerosis 15 yrsName of operation none Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Thomas A. Martin M.D.
(Address) Taneytown, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store**, **soap factory**, **cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:		Date of onset
<u>Arteriosclerosis</u>		1915
<u>Chronic interstitial nephritis</u>		1921
<u>Cerebral hemorrhage</u>		July 5, 1921

Example II

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other contributory causes of importance:

Cerebral hemorrhage	May 5, 1951
	JUN 1951
Other contributory causes of importance:	
Gallstones	May 1, 1951

Other contributory causes of importance:

27	1 episode(s)	3 days ago
28	Other contributory causes of importance: <i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

94837

1. PLACE OF DEATH

County

Canyon A

82-a

Registration Dist. No. 81

Village or City

Bark Hill

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Portia Ann Winter

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female White Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

David Winter

6. DATE OF BIRTH (month, day, and year)

July 3 - 1895

7. AGE

Years 88

Months 10

Days 5

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Bark Hill
Cass Co. Ind

MOTHER FATHER

13. NAME

Jacob Smith

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Harriet Koontz

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT

(Address)

Mrs. Harry Eckard
Union Bridge, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place

Bark Hill, To Cemetery
Union Bridge, Maryland Date May 11, 1939

19. UNDERTAKER

(Address)

Raymond K. Wright
Union Bridge, Maryland

20. FILED

(Address)

May 9, 1939, Leslie A. Repp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May

(Month)

8

(Day)

1939

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19

, 19

I last saw h. alive on , 19 ; death is said

to have occurred on the date stated above, at . m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Found dead 9 A.M.
Probable Cause apoplexy

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Mrs. A. Wagner J. P.
Acting Coroner M. D.
New Berlin Md

(Signed)

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1921

Gastroenteritis

1 year

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN